

Hydefall Limited

Sutton Court Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Sutton Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sutton Court Care Centre accommodates 63 people across four separate units, each of which have separate adapted facilities, however, people often spend time together in the ground floor lounge. One of the units specialises in providing care to people living with dementia. At the time of our inspection 61 people were using the service.

At our last comprehensive inspection on 9 December 2016 we found the provider was in breach of a legal requirement relating to treating people with dignity and respect and rated the service 'requires improvement' overall for the key questions 'caring' and 'well-led'. We undertook a focused inspection on 10 April 2017 at which point the provider had taken sufficient action to address our previous concerns and we improved the rating to 'good' overall and for each key question. At this inspection on 6 February 2018 we found the provider remained 'good'.

Processes remained in place to keep people safe and free from harm. Staff were knowledgeable in safeguarding adults' procedures and any concerns were discussed with the registered manager and local authority safeguarding team. Plans were in place to manage and mitigate risks to people. The registered manager regularly reviewed any incidents that occurred and liaised with the provider's physiotherapist to support with falls prevention and management. There were sufficient staff to meet people's needs. People received their medicines as prescribed. Infection control procedures were adhered to.

People were supported by staff that had the knowledge and skills to undertake their duties. Staff completed a programme of training and received regular supervision. Staff supported people to eat and drink sufficient amounts and met their dietary requirements. Healthcare professionals regularly visited the service and people had their health needs met. Staff worked with specialist healthcare professionals to implement best practice guidance at the service, particularly in regards to end of life care and supporting people living with dementia. Staff adhered to the Mental Capacity Act 2005 and conditions specified in people's Deprivation of Liberty Safeguards authorisations.

Warm and caring relationships had been developed at the service. Staff were polite and friendly when engaging people. Staff supported people to make choices and communicated with people in a way they understood. People's religious and cultural needs were met. People's family members were welcomed at the service and there were no restrictions for visitors. People's privacy and dignity was maintained.

People's care and support needs were met. The service was in the process of transitioning from paper to electronic care records. Whilst this was being carried out we saw some records had not been regularly reviewed and lacked some detail about how people were to be supported. There were plans to fully implement the electronic records by May 2018. The service had been accredited with the gold standard framework recognising good practice with end of life support. A full activities programme was in place, this

included use of various well-being initiatives and student volunteers regularly visited the service to engage people in activities. A complaints process remained in place and the service had received a number of compliments from people and their relatives.

A registered manager was in post. Staff felt well supported by the registered manager and felt able to have open and honest conversations with them. Staff and people's feedback was obtained through a programme of regular meetings. People also contributed to service delivery through the development of a 'residents' newsletter. A programme of audits was in place to review and monitor the quality of service delivery. The registered manager worked with a local university to implement learning from research projects to continue to develop the quality of service provision. The registered manager adhered to the requirements of the CQC registration and submitted notifications about key events that occurred at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Sutton Court Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 February 2018 and was unannounced. The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 15 people, one relative and 17 staff, including the directors, registered manager, nursing and care staff, the activities coordinator, the chef and domestic staff and two visiting healthcare professionals. We reviewed nine people's care records and two staff recruitment records, as well as the team's training, supervision and appraisal matrices. We reviewed medicines management records and records relating to the management of the service. We also observed staff interactions with people during the day and at meal times and observed the nursing staff's daily meeting.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. One person said, "Yes, I feel safe."

The building was secure. The front door was locked and the administrator checked visitor's identification before they were allowed onto the units. Staff received training in safeguarding adults and adhered to good practice guidance to safeguard adults from avoidable harm. Staff were knowledgeable in recognising signs of possible abuse and reported any concerns to the registered manager. The registered manager liaised with the local authority safeguarding team if they had any concerns about a person's safety or welfare. At the time of inspection there were no ongoing safeguarding concerns.

Staff continued to assess and identify risks to people's safety. Management plans were developed to instruct staff about how to minimise the risk of harm to people. This included the risk of developing pressure ulcers, falls, choking and other specific risks relating to people's clinical needs. The staff worked with the provider's physiotherapist to identify people's moving and handling support needs and personalised moving and handling profiles were available in people's rooms. From reviewing daily records we saw people received the support they required to mitigate risks to their safety including being supported to regularly reposition to redistribute pressure to parts of their body and to have regular fluids to help maintain skin integrity and prevent dehydration.

Staff adhered to processes to report and record any incidents or accidents so that these could be responded to and the team could learn and make any improvements required to service delivery to minimise the risk of an incident recurring. We saw that all incidents were logged and the registered manager together with the provider's physiotherapist reviewed any trends or patterns, particularly in regards to falls management.

There continued to be processes in place to review the quality and safety of the environment and equipment. There were regular checks on all equipment including lifting equipment, mattresses, wheelchairs, bed rails and call bells to ensure they were in safe working order. We also saw that safety checks were undertaken regarding gas heating systems, electrical appliances, water hygiene and fire safety.

There were sufficient staff to keep people safe and meet their needs. One person told us, "There's always someone around." Staffing numbers were established based on the needs of the people using the service. Staffing levels could be increased in response to changes in people's care and support needs, this included providing one to one support for people who required it. We viewed the staff rotas which showed staffing levels were as planned. The week's staff rota was also on display in the reception area so people and relatives were aware of who was on duty.

Safe recruitment practices continued to be followed. This included ensuring staff had relevant experience and qualifications and checking people's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal record checks.

People received their medicines as prescribed. We observed staff administering medicines safely and

following safe medicines management procedures. Accurate records were maintained about medicines administered and on the whole accurate stock checks were in place. We observed that for some loose medicines the staff had not recorded the balance taken forward at the beginning of each cycle which meant accurate stock checks could not be undertaken. We spoke to the registered manager about this who said they would ensure this was addressed. Safe procedures were followed in regards to the administration of covert medicines and medicines prescribed to be taken 'when required'. Medicines were stored and disposed of securely.

The service was clean and free from malodour. Staff were knowledgeable of and adhered to good practice in regards to the prevention and control of infections. Staff had received training on infection control. A staff member said, "Each floor has its own domestic and can call at any time and they can help straight away."

Is the service effective?

Our findings

People were supported by staff that had the skills and knowledge to undertake their duties. One staff member said, "This training is mandatory. I must be knowledgeable in what I am doing...our manager is investing in training management and our manager is very approachable we can solve problems together." A programme of mandatory training was delivered which included both face to face and eLearning courses. Staff also had access to additional training throughout the year through links with a university, the Clinical Commissioning Group, the local authority and the local hospice. From viewing the training matrix we saw the majority of staff had completed the provider's mandatory training and attended refresher courses within the last year. A few staff had not completed recent refresher training, however, the management team told us there was a programme of training due which would ensure these staff had refreshed their knowledge and skills.

A staff member said, "I have six-weekly supervision. I have had an appraisal and I'm very proud of my achievements." From viewing the supervision matrix we saw that staff received supervision as a minimum bi-monthly. At the time of inspection the registered manager was in the process of appraising the staff and all appraisals were planned to be completed by May 2018. The registered manager told us they linked any additional training staff had completed throughout the year to an appraisal objective so this learning could be incorporated into service delivery.

People were supported to eat and drink sufficient amounts and to maintain a healthy balanced diet, although a few people expressed they would like more fresh fruit to be available each day. The menu was developed incorporating people's preferences and there were a choice of meals each day. The chef told us people were able to request alternatives that were not on the menu if they wanted to eat something different. The chef also had information from the nursing team about people's dietary requirements so the meals met people's specific needs, including diabetic meals and soft or pureed meals for people at risk of choking. The chef was also able to cater for people's cultural and religious preferences.

In addition to the three main meals, snacks were available throughout the day and care staff had access to the kitchen if people were hungry or if they required additional food due to their clinical needs, including in relation to their diabetes, when the kitchen staff were not on duty.

Staff worked with other healthcare professionals to ensure people's health needs were met. We saw a photo board in reception identifying key professionals who regularly visited the service. We also saw a number of healthcare specialists visiting the service on the day of our inspection. People confirmed they were able to access the GP and specialist healthcare professionals when they needed them. Staff also supported them to attend hospital appointments as and when required.

The staff team had worked with members from the Clinical Commissioning Group to implement the vanguard initiative to streamline people's experiences when requiring hospital admission. This included implementation of the 'red bag' and associated documents so all healthcare professionals involved in a person's journey to hospital had relevant information about them and their care needs.

Staff liaised with other healthcare professionals and research fellows from a local university to implement good practice guidance at the service. This included in relation to advanced decisions and end of life care, supporting people with dementia and pain management.

Since our last inspection the registered manager had implemented learning from participation in a research project with the local university to improve the environment on the floor dedicated for people living with dementia. We saw this floor now provided a light and bright environment, with sensory and tactile items displayed on the walls. It was observed that people using the service enjoyed touching and feeling the different objects as they walked passed them.

Some areas of the service required redecoration. We also observed on some floors that the nursing station was in the main lounge which impacted on the homeliness of the service. We spoke to the registered manager about this who said they would work with the directors to rearrange the communal areas and ensure a homely environment was provided on each floor.

Staff were aware of and adhered to the Mental Capacity Act 2005. Staff obtained people's consent prior to providing support. When people did not have the capacity to make decisions about their care and treatment, best interests meetings were held with relevant professionals, family members and if required independent mental capacity advocates to make a decision on the person's behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff continued to support people in line with conditions specified through their DoLS authorisation.

Is the service caring?

Our findings

One person told us, "I feel relaxed with staff." A relative told us, "The nurses are polite and ask before caring for [their family member]." Another person said about living at Sutton Court Care Centre was, "The best thing is I can be myself...have my own room."

There was a warm and welcoming atmosphere at the service. This started with the welcome from the administrator upon entering the service and from all the staff on duty. People's relatives were welcomed and there were no restrictions on visiting their family members.

Staff had built a warm caring relationship with people. We observed staff interacting with people in a polite and friendly manner. They encouraged people to do as much for themselves and engaged them in conversations about topics the person was interested in. From listening to conversations it was clear that staff knew the people they cared for. This included knowing their backgrounds, previous occupations and their families.

The service, particularly on the ground floor, had a homely atmosphere and we observed people choosing what they wanted to do and if they wanted to engage in activities. When speaking with staff they told us they involved people in decisions. This included day to day decisions about their routines, what they wore and what they participated in. Staff understood that each person was different and they were aware of what choices people were able to make.

Staff communicated with people in a way they understood. This included observing people's non-verbal behaviour to understand what people were communicating. For the majority of our inspection we observed staff engaging and interacting with people and people were not left isolated. However, on one floor we saw some people were left for a while with no interaction. We also observed that some maintenance was being carried out in the room people were sitting in and staff did not come and explain to people what was happening.

Staff continued to support people with their religious and cultural needs. There was a programme of regular visits from religious leaders to the service and people were supported to attend places of worship. People's individual differences were taken into account when care planning. Some people had developed close relationships and staff ensured both people were consenting to the relationship and discussed with them appropriate boundaries when in communal areas. Staff respected people's privacy and maintained their dignity.

Is the service responsive?

Our findings

One person said, "My daughter and son are involved in my care plan." People received personalised care and support. Staff had taken the time to get to know people, their backgrounds, interests and preferences. Staff were knowledgeable about people's care and support needs. They were aware of what people were able to do independently and when they needed support. Staff were aware of what type of behaviour some people displayed that could challenge staff and when and in what circumstances people were more like to display this behaviour. We observed staff remained calm when supporting people who were frustrated and displaying aggressive behaviour.

The service was in the process of transitioning to an electronic care records system. As part of this system each member of nursing and care staff were given a hand held device so they could record the support provided in a timely manner. In addition, the device asked staff to read handover notes at the start of each shift so they had up to date information about people's needs and were aware of any changes in the level of support they required. The new recording system alerted the nurses if there were any changes or concerns about a person's health, for example, if a person had lost weight or if they had not received sufficient amount of fluids, so that the nurse could take appropriate action to support the person.

We saw that whilst the service was in the process of transitioning to the electronic care records that some care records were not kept up to date. We also identified that some of the electronic care plans lacked the specific detail that the paper care plans included and therefore whilst staff knew this information, if any new staff started they would need to review both the electronic and paper records to view all the information about the person. The registered manager told us they had a plan to ensure all records were transferred to the electronic system by May 2018.

Staff supported people to make advanced care decisions and provided them with end of life care and support. The service had been accredited by the local hospice with the gold standard framework, recognising good practice in end of life care. Staff respected people's wishes at this time and also provided support to family members. Information was available to relatives about end of life care. There was a dedicated noticeboard in the reception area explaining the gold standard framework and there was also a leaflet for relatives which helped them to understand what to expect around death and dying.

The service was working with the specialist palliative care nurse from community NHS service and there were plans to enable staff to have access to the 'coordinate my care' records at the service to improve access to advanced care planning documents and decisions. Coordinate my Care is an initiative to ensure all services that care for a person are made aware of their wishes, this includes their GP, community health professionals, the ambulance service and hospital staff. At the time of inspection these records were not accessible to social care staff in care homes. We will review the progress and impact of this at our next inspection.

There was a full activities programme delivered at the service. There was a board celebrating the activities that had been held, including photographs of themed days. A relative said, "Two people always involve

mother in activities." One person told us, "When the staff wear Oomph blue jumpers we play" and "I enjoy singing". Another person said, "I do sit with a lady who is on another floor and try to help her complete crossword puzzles as this helps her and me to keep our minds active".

Since our last inspection the staff had been trained in delivering the Oomph programme. This is a wellness programme which supports older people to remain active through a programme of regular physical activity as well as promoting coordination, strength and balance. They were also using the Namaste programme for people with dementia and receiving end of life care. This provided more sensory stimulation for people who found it difficult or were unable to verbally engage with staff. The service had also introduced the 'golden time together' this was for all staff to spend ten minutes a day providing one to one meaningful engagement with a person using the service. The activities coordinators incorporated national awareness days into the activity programme. The week before our inspection staff and people wore red to support the children's heart surgery foundation to raise awareness of cardiovascular disease. As part of this day one of the people using the service delivered a talk others about maintaining a healthy heart, taking ownership of the activity being delivered.

With the support of one person's relative the staff were using virtual reality technology to engage people with dementia. Through this technology people were able to experience going to the seaside or driving a car. The person's relative had enabled this experience to be projected onto a bigger screen so other people could also participate. Staff told us they found people were more cognitively aware and able to verbally communicate more after they had participated in this activity and they hoped to make this a regular activity for people using the service.

The service had links with local schools. Through these links there was a wide volunteering programme at the service. Students visited the service weekly to provide stimulation and interaction with people using the service. One person told us, "Some local school children do come and visit and I'm showing them how to play chess."

Since our last inspection the staff had developed the life story work they were doing with people. As part of this project they were asking people to identify their wishes and dreams, and staff were supporting people to achieve these. This included supporting one person last summer to have fish and chips by the seaside and supporting another person to have a glass of wine at their favourite place by the River Thames.

One person said, "[The registered manager] is very good, I talk to her if I need to complain." The complaints process remained in place. A suggestion box was available in reception as well as information about how to make a complaint. Any complaints made were logged and investigated appropriately. Where possible, complaints were resolved to the satisfaction of the complainant. We saw that since our last inspection the service had also received a number of compliments. Some of the comments included, "Your staff seem excellent and you have obviously created a very caring and friendly atmosphere", "You didn't just look after [the person], you also looked after us by putting our minds at ease" and "Due to the amazing care of the nurses and carers [the person's] health improved."

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A staff member said, "I like [the registered manager]. She is very friendly any problems we can talk to her. She comes to each floor ...and talks to us and residents." Since our last inspection the management and leadership at the service had been strengthened with the appointment of a clinical lead. Staff felt well supported by the registered manager and the management team. They felt able to approach the registered manager and felt she listened to their views and opinions.

There were regular staff meetings. From viewing minutes of these meetings we saw they enabled an open discussion about service delivery where all staff were able to contribute to the discussion, make suggestions and discuss any challenges they were experiencing.

People were also able to contribute to service delivery through regular 'residents' meetings. We saw people were able to raise any concerns they had about service delivery during these meetings and any concerns raised were addressed. Staff supported people to design and write a 'residents' newsletter. This newsletter was driven by the people who used the service and each month they were keen to contribute stories. We saw in the December 2017 newsletter people shared stories about their family Christmas' and family holidays.

The registered manager undertook a range of audits and checks to review the quality of service delivery. The new care records system enabled the management team to track key information about people and their care, to ensure they were receiving the correct amount of care and support for their needs. There were also audits undertaken to review the quality of care records and risk assessments. Audits were also undertaken regarding medicines management and staff support mechanisms. The registered manager submitted key performance data to the Clinical Commissioning Group including information on falls, infection rates, hospital admissions and deaths. At the time of inspection there were no infection control audits in place. The registered manager observed hand hygiene practice and they had plans to develop and implement a full infection control audit. We will check this is completed at our next inspection.

The registered manager had built links with a local university. Through this they were participating in a number of research projects. This included the WHELD project promoting well-being for people living with dementia, and SYNBAD a project analysing the cause and effects of sleep disturbance for people living with dementia. The registered manager had built strong working relationships with the local authority and also with members from the Clinical Commission Group through participation in the Vanguard initiative.

The registered manager adhered to the requirements of their registration with the Care Quality Commission (CQC) and submitted notifications about key events that occurred at the service as required. The service's

CQC rating from their last inspection was displayed on their website and a copy of the inspection report was available in reception for people and relatives to access.